

IOWA LAKES ELECTRIC COOPERATIVE

Automatic Bill Payment Form

Authorization Agreement

I hereby authorize **Iowa Lakes Electric Cooperative** to initiate variable debit entries to my account at the financial institution named below for payment of my monthly electric bill. I will continue to receive a monthly bill. The bill will state in the bottom right-hand corner "Bank Draft DO NOT PAY". The amount of my bill will be deducted from my account on the 20th of the month. (If that day should fall on a weekend or holiday, the deduction will be processed on the following business day.) Please continue to pay your bill by check until it states on the bottom of your bill, "Bank Draft DO NOT PAY".

It is also understood that I agree to be bound by the operating rules and guidelines of the National Automated Clearing House Association and shall have rights set forth here with respect to all entries initiated by **Iowa Lakes Electric Cooperative** pursuant to this agreement.

It is understood that this agreement may be terminated by me (or either of us) by written or verbal notice to **Iowa Lakes Electric Cooperative**. This notice must be received by the 15th of the month to prevent a bank draft that month.

Bank Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Electric Account Information

Electric Account Number(s): _____

Name (as it appears on electric bill) _____

Complete this form and mail along with your voided check.

Mail to: Iowa Lakes Electric Cooperative
702 S. 1st Street
Estherville, IA 51334

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Staple voided check here

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